



VEHICLE ACCIDENT REPORTING PROCEDURES

1. Render aid or assistance to the injured (Section 321.263, Code of Iowa).
2. Do not admit fault and do not discuss the accident with anyone except Department of Administrative Services, General Services Enterprise - Risk Management or law enforcement authorities.
3. Notify the nearest law enforcement agency immediately if accident involves a fatality, injury, or property damage.
4. If the accident involves another party, please use the attached Information Exchange sheet.
5. Notify your supervisor.
6. During Normal Working Hours: Immediately notify the Department of Administrative Services, General Services Enterprise - Risk Management at 515-725-2243.
7. Complete State of Iowa Vehicle Accident Report (form attached).
8. If the accident results in injury or death of any person, or total property damages to an apparent extent of \$1,000 or more, the accident report required by Section 321.266, Code of Iowa, must be filed within 72 hours after accident. (Forms available from Investigating Officer.)

If you have questions, please call 515-725-2243.

Code Information

Vehicle Type Codes

01 = Passenger Car	09 = Truck Tractor/Semi	17 = Bicycle, etc
02 = Car & Trailer	10 = Double Bottom Truck	18 = Recreation Veh. (ATV, Snowmobile)
03 = Panel Truck	11 = Tow Truck/Wrecker	19 = Maint./Const. Veh. (Dozer, Grader, etc.)
04 = Pickup Truck	12 = Motor Home	20 = Train
05 = Pickup & Trailer	13 = Bus	21 = Other (Describe)
06 = Pickup Camper	14 = School Bus	22 = Moped
07 = Straight Truck	15 = Farm Veh./Equip.	23 = Multi-Purpose (Sport Utility Van, Minivan)
08 = Truck Tractor	16 = Motorcycle	00 = Unknown

Injury Severity Codes

- 1 = Fatal
- 2 = Major injuries (broken bones, severe cuts, head injuries, etc.)
- 3 = Minor injuries (small cuts, bruises and abrasions)
- 4 = Possible injuries (no visible injury, but individual complaints of pain or discomfort)

ACCIDENT CODES

A LOCATION OF ACCIDENT *(Where did first damage or injury event occur)*

- | | | |
|----------------|--------------|-----------------------------|
| 1 = On Roadway | 3 = Median | 5 = Outside of Right of Way |
| 2 = Shoulder | 4 = Roadside | 0 = Unknown |

B TYPE OF ACCIDENT

Non-Collision

- 01 = Overturned
- 02 = Jackknifed
- 03 = Carbon Monoxide
- 04 = Fire/Explosion
- 05 = Immersion
- 06 = Other

Collision of Motor Vehicle With:

- | | |
|-------------------------------|---------------------|
| 10 = Pedestrian | 14 = Parked Vehicle |
| 11 = Veh. in Traffic | 15 = Train |
| 12 = Motorcycle in Traffic | 16 = Pedalcycle |
| 13 = Vehicle in Other Roadway | 17 = Animal |
| | 18 = Fixed Object |
| | 19 = Other Object |

C VEHICLE ACTION *(For each vehicle mark one action)*

- | | | |
|---------------------|-----------------------------------|-----------------------------------|
| 01 = Going Straight | 09 = Slowing-Stopping | 14 = Properly Parked |
| 02 = Turning Left | 10 = Backing | 15 = Improperly Parked |
| 03 = Turning Right | 11 = Stopped for Stop Sign/Signal | 16 = Other (Explain in Narrative) |
| 04 = Making U-Turn | 12 = Stopped in Traffic Lane | 17 = Unattended Moving Vehicle |
| 05 = Passing | 13 = Stalled in Traffic Lane | 00 = Unknown |
| 06 = Changing Lanes | | |
| 07 = Merging | | |
| 08 = Parking | | |

D FIXED OBJECT STRUCK *(For each vehicle mark one fixed object if needed)*

- | | | |
|----------------------------------|-----------------------------------|----------------------------|
| 01 = None | 08 = Island or Raised Median | 15 = Utility Pole |
| 02 = Bridge or Overpass | 09 = Embankment or Retaining Wall | 16 = Other Pole or Support |
| 03 = Underpass or Bridge Support | 10 = Fence | 17 = Mailbox |
| 04 = Building | 11 = Guardrail | 18 = Impact Attenuator |
| 05 = Culvert | 12 = Light Pole | 19 = Other |
| 06 = Curb | 13 = Sign Post | 00 = Unknown |
| 07 = Ditch | 14 = Tree or Shrubbery | |

E ROADWAY GEOMETRICS

- | | | |
|----------------------------|-------------------------|--------------------------------|
| 1 = Straight, Level | 4 = Curve, Level | 8 = Intersection, Up/Downgrade |
| 2 = Straight, Up/Downgrade | 5 = Curve, Up/Downgrade | 9 = Intersection, Hillcrest |
| 3 = Straight, Hillcrest | 6 = Curve, Hillcrest | 0 = Unknown |
| | 7 = Intersection, Level | |

F CHARACTER OF ROADWAY

Not At Intersection

- 01 = No Special Feature
- 02 = Bridge/Overpass/Underpass
- 03 = Railroad Crossing
- 04 = Business Drive
- 05 = Farm/Residential/Drive
- 06 = Other (Non-Intersection)

Intersection

- 11 = Within intersection

- 12 = Not within Intersection but Intersection Related
- 13 = Alley Intersection
- 14 = Other (Intersection)

Interchange

- 21 = Intersection of Ramp and Minor Road
- 22 = Ramp
- 23 = On Major Road Between Ramps

- 24 = On Minor Road Between Ramps
- 25 = Entrance Ramp at Major Road
- 26 = Major Road at Exit Ramp
- 27 = Bridge/Overpass Underpass
- 28 = Not Within Interchange but Interchange related
- 29 = Other (Interchange)
- 00 = Unknown

G TRAFFIC CONTROLS *(For each vehicle mark one control)*

- | | | |
|-------------------------------|--------------------------------|--|
| 01 = No Controls Present | 08 = School Stop Sign | 13 = Police Officer |
| 02 = Traffic Signals | 09 = Stop Arm on School Bus | 14 = Other Traffic Director |
| 03 = Stop Sign | 10 = Railroad Warning Sign | 15 = Other Control |
| 04 = Yield Sign | 11 = Railroad Automatic Signal | 16 = Controls Not Functioning/Not In Place |
| 05 = Warning Sign | 12 = Railroad Crossing Gate | 00 = Unknown |
| 06 = School Signals | | |
| 07 = No Passing Zone (Marked) | | |

H LOCALITY

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| 1 = Business District (Central) | 4 = Business District (Outlying) | 7 = Open Country (Rural) |
| 2 = Manufacturing District | 5 = School/Play-ground Zone | 8 = Other |
| 3 = Residential District | 6 = Recreational Area | 9 = Parking Lot/Private Property |
| | | 0 = Unknown |

I LIGHT CONDITIONS

- | | | |
|--------------|------------------------------|----------------------------------|
| 1 = Daylight | 4 = Darkness-Roadway Lighted | 5 = Darkness-Roadway Not Lighted |
| 2 = Dusk | | 0 = Unknown |
| 3 = Dawn | | |

J WEATHER CONDITIONS *(Mark up to two conditions)*

- | | | |
|------------|----------------|-----------------|
| 1 = Clear | 4 = Mist | 7 = Snow |
| 2 = Cloudy | 5 = Rain | 8 = Strong Wind |
| 3 = Fog | 6 = Sleet/Hail | 9 = Other |
| | | 0 = Unknown |

K TYPE OF TRAFFICWAY *(For each vehicle mark one type)*

- | | | |
|----------------------|----------------------------|--------------------------------|
| 1 = One Lane or Ramp | 4 = Four or More Undivided | 6 = Alley |
| 2 = Two Lanes | 5 = Four or More Divided | 7 = Driveway |
| 3 = Three Lanes | | 8 = Other (Creeper Lane, etc.) |
| | | 0 = Unknown |

L SURFACE CONDITIONS *(For each vehicle mark up to two conditions)*

- | | | |
|---------|------------------|-------------|
| 1 = Dry | 4 = Snow | 7 = Debris |
| 2 = Wet | 5 = Loose Gravel | 8 = Other |
| 3 = Ice | 6 = Mud | 0 = Unknown |

M SURFACE TYPE *(For each vehicle mark one type)*

- | | | |
|------------------------------|--------------------------|-------------------------|
| 1 = Portland Cement Concrete | 4 = Dirt | 7 = Wood (Bridge Floor) |
| 2 = Asphalt Bituminous | 5 = Brick | 8 = Other |
| 3 = Gravel/Rock | 6 = Steel (Bridge Floor) | 0 = Unknown |

N VISION OBSCURED *(For each vehicle indicate one code)*

- | | | |
|----------------------|-------------------------------------|-----------------------------------|
| 01 = Not Obscured | 08 = Moving Vehicles | 12 = Blowing Snow |
| 02 = Trees/Crops | 09 = Person/Object in or on Vehicle | 13 = Fog/Smoke/Dust |
| 03 = Buildings | 10 = Blinded By Sun or Headlights | 14 = Other (Explain in Narrative) |
| 04 = Embankment | 11 = Frosted Windows or Windshield | 00 = Unknown |
| 05 = Sign/Billboard | | |
| 06 = Hillcrest | | |
| 07 = Parked Vehicles | | |

O APPARENT DRIVER CONDITION *(For each driver mark one condition)*

- | | | |
|------------------------|------------------------------|--------------------------|
| 01 = Apparently Normal | 05 = Not Feeling Well | 09 = Drinking (Impaired) |
| 02 = Physical Defect | 06 = Under Medication | 10 = Drugs |
| 03 = Fatigued | 07 = Infirmities of Age | 11 = Other (Describe) |
| 04 = Apparently Asleep | 08 = Drinking (Not Impaired) | 00 = Unknown |

P DRIVER/VEHICLE RELATED CONTRIBUTING CIRCUMSTANCES *(For each vehicle, mark up to two circumstances which caused or contributed to the accident)*

- | | | |
|---|------------------------------------|---|
| 01 = None Apparent | 12 = FTYROW, From Driveway | 25 = Disregarded Warning Signal |
| 02 = Ran Traffic Signal | 13 = FTYROW, From Parked Position | 26 = Reckless Driving |
| 03 = Ran Stop Sign | 14 = FTYROW, To Pedestrian | 27 = Improper Backing |
| 04 = Passed Stopped School Bus | 15 = FTYROW, Other | 28 = Illegal or Improper Parking |
| 05 = Passing Where Prohibited | 16 = Wrong Way on One-Way Road | 29 = Failure to Have Control |
| 06 = Passing Interfered With Other Vehicle | 17 = Speed Too Fast For Conditions | 30 = Failed to Turn On Lights |
| 07 = Left of Center Not Passing | 18 = Exceeding Speed Limit | 31 = Inattentive or Distracted |
| 08 = Failed to Yield ROW (FTYROW), at Uncontrolled Intersection | 19 = Drag Racing | 32 = Driver Confused |
| 09 = FTYROW, From Stop Sign | 20 = Improper Turn | 33 = Vision Obscured |
| 10 = FTYROW, From Yield Sign | 21 = Improper Lane Change | 34 = Oversized Vehicle |
| 11 = FTYROW, Making Left Turn | 22 = Following Too Close | 35 = Overload Passenger/Cargo |
| | 23 = No Signal or Improper Signal | 36 = Inexperienced Driver |
| | 24 = Disregarded Railroad Signal | 37 = Vehicle Defect or Faulty Equipment |
| | | 38 = Other |
| | | 00 = Unknown |

*FTYROW means Fail to Yield Right of Way

State of Iowa -- Department of Administrative Services

VEHICLE ACCIDENT REPORT

Do Not Write In This Box
File No.

Report: This report is to be completed by the driver of the department vehicle.

Distribution: Original to Department of Administrative Services within 72 hours of the accident. One copy to the driver's department headquarters.

NOTICE: Follow "Vehicle Accident Reporting Procedures".

TIME AND LOCATION OF ACCIDENT

Accident Date (Mo/Day/Year)		Day of Week	Time <input type="text"/> A.M.	Number of Vehicles
County		State	<input type="text"/> P.M.	
Road No.	Mile Post	# Miles	<input type="checkbox"/> North <input type="checkbox"/> West of <input type="checkbox"/> South <input type="checkbox"/> East (City/Town and State)	

NO. 1 (STATE VEHICLE)

Driver's Name (Last, First, MI)		Work Street Address		
Driver's License No./ State		Work City/ State/ Zip		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Department	Work Phone ()	Home Phone ()
License Plate No.	VIN	Vehicle Year/ Make/ Model		
State of Registration	Vehicle Type Code	# of Occupants	Leased <input type="checkbox"/> Yes Vehicle <input type="checkbox"/> No (Company)	
Damage Estimate (\$)	Description of Damage			

NO. 2 (OTHER VEHICLE) If more than two vehicles - use additional forms

Driver's Name (Last, First, MI)		Home Street Address		
Driver's License No./ State		Home Phone ()	Home City/ State/ Zip	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Work Phone ()	Vehicle Type Code	Vehicle Year/ Make/ Model/Mileage
Owner's Name, Address and Phone		Insurance Company Name/Agent's Name Address and Phone		License Plate No. State of Registration
Damage Estimate (\$)	Description of Damage			

PROPERTY DAMAGED OTHER THAN VEHICLE (Fence, utility pole, etc.)

Owner's Name, Address and Phone	Property Damage
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INJURED PERSONS (Attach additional sheets if necessary)

Name and Address	Describe Injuries	Age	Sex	Injury Code
Vehicle No. 1 (State Vehicle)				
Vehicle No. 2				

UNINJURED PASSENGERS IN YOUR VEHICLE

Name	Address and Phone

WITNESS

Name	Address and Phone

☐ **A** Head On ☐ **B** Sideswipe ☐ **C** Right Angle ☐ **D** Mowing Incident ☐ **E** Sanding Incident ☐ **F** Rear End ☐ **G** You hit
☐ **H** Glass Only ☐ **I** Vandalism ☐ **J** Legal Intervention ☐ **K** Snow Blower Incident or ☐ **L** You were hit

Did you signal a turn? ☐ Yes ☐ No If yes, by Signal Light ☐ Hand Signal ☐ Which Direction? ☐ Right ☐ Left Was your seatbelt fastened? ☐ Yes ☐ No

Were headlights and taillights burning? ☐ Yes ☐ No

Were safety warning lights burning? ☐ Yes ☐ No

Speed before accident:

A Location of Accident ☐
 B Type of Accident ☐ ☐
 C Vehicle Action Veh. 1 ☐ Veh. 2 ☐
 D Fixed Object Struck Veh. 1 ☐ Veh. 2 ☐

E Roadway Geometrics ☐
 F Character of Roadway ☐ ☐
 G Traffic Controls Veh. 1 ☐ Veh. 2 ☐
 H Locality ☐
 I Light Conditions ☐

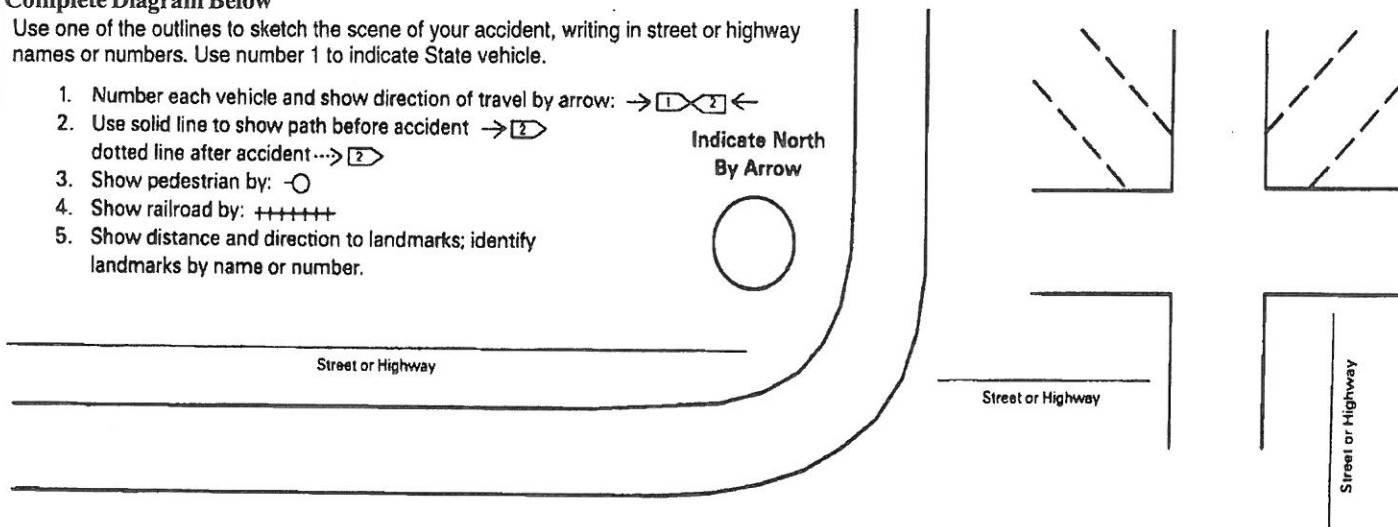
J Weather Conditions ☐
 K Type of Trafficway Veh. 1 ☐ Veh. 2 ☐
 L Surface Conditions Veh. 1 ☐ Veh. 2 ☐
 M Surface Type Veh. 1 ☐ Veh. 2 ☐

N Vision Obscured Veh. 1 ☐ Veh. 2 ☐
 O Apparent Driver Condition Veh. 1 ☐ Veh. 2 ☐
 P Driver/Vehicle Contributing Circumstances Veh. 1 ☐ Veh. 2 ☐

Description of Accident

Use one of the outlines to sketch the scene of your accident, writing in street or highway names or numbers. Use number 1 to indicate State vehicle.

1. Number each vehicle and show direction of travel by arrow: → 1 2 ←
2. Use solid line to show path before accident → 2
dotted line after accident → 2
3. Show pedestrian by: ○
4. Show railroad by: + + + + +
5. Show distance and direction to landmarks; identify landmarks by name or number.



Name	Badge #	Department/Agency/Address

Were charges filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, against whom?
--	-----------------------

Describe Violation (attach copy if you were charged)

Signed: _____

Driver

Social Security Number:

Signed: _____

Driver's Supervisor/Department Head

State of Iowa -- Department of Administrative Services

ACCIDENT INFORMATION EXCHANGE SHEET

State Employee: Please complete the bottom half of this form and give to the other party. Have the other party complete the top half of this form and give it to you.

Other Vehicle Information

Driver's Name _____

Street Address _____ City, State, Zip _____

Driver License No./State _____ Date of Birth _____

Work Phone No. _____ Home Phone No. _____

Owner's Name _____

Street Address _____ City, State, Zip _____

Name of Insurance Company _____ Policy No. _____

Address of Insurance Company _____ City, State, Zip _____

Type of Vehicle (Pass. Car, Truck, etc.) _____ Mileage _____

Make _____ Year _____ License Plate No. _____

Number of Occupants _____

Names and Addresses of Passengers: _____

State Employee

Name _____ Work Phone _____

Home Address _____ City, State, Zip _____

Driver License No./State _____ Date of Birth _____

Type of Vehicle (Pass. Car, Truck, etc.) _____ Mileage _____

Make/Model _____ Year _____ License Plate No. _____

Owner's Name _____

Street Address _____ City, State, Zip _____

This is to advise, the State of Iowa is self-insured.

If you have any questions, please contact:
Department of Administrative Services
General Services Enterprise - Risk Management
515-725-2243

